

Kentucky Department for Libraries and Archives
Public Records Division
Archival Services Branch

ARCHIVES RESEARCH ROOM REGISTRATION FORM

Many of the materials available for use in the Archives Research Room are unique and irreplaceable. Theft of or tampering with public records is a felony offense. To help safeguard these archival materials, please read and follow the rules below.

The following items are allowed:

Pencils
Paper/Research notes
Portable computer
Cell phone*
* Ring feature *must* be set for non-audible ring
and calls *must* be taken outside Research Room

The following items are not allowed:

Food, beverages, gum, tobacco products
Briefcase, computer case, bag, backpack
Purse, coat, hat, umbrella
Pens, pocketknives, scissors
Camera/Camera phone
Computer discs, CDs, scanner/personal copier
Books, envelopes, folders, binders
Concealed weapons

- Microfilm machines are self-service. You may use five rolls of microfilm at any one time. Return rolls to designated cart – **do not refile microfilm.**
- **You must pay for all copies you made during the day at the counter inside the Research Room before leaving** (machines are not coin operated). If your money is in a locker, you will need to leave the copies with Research Room staff while retrieving money.
- Research Room and Security personnel reserve the right to examine your materials. Do not remove archival records or microfilm from the Research Room.
- Research Room staff is available to provide assistance. However, because of the number of customers who need service, the staff cannot conduct research for you.
- Use of records in paper/original format requires agreement to abide by both the [Handling Historical Records Policy](#) and [Duplication Policy](#). These policies are provided to researchers using original records.
- Use of Research Room computers requires agreement to abide by KDLA's [Internet Access Policy](#).

RETURN BOTH CLIPBOARD AND THIS REGISTRATION FORM TO THE SECURITY DESK WHEN YOU LEAVE THE RESEARCH ROOM.

I HAVE READ THE ABOVE RULES AND AGREE TO ABIDE BY THEM.

Signature of Researcher

Date

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Street Address: _____

City

State

Zip

Driver's License: Number _____ State _____



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